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TEMPLATE

**MESSAGE FROM The CALIFORNIA CHILDREN'S SERVICES
(CCS)**

Medical Therapy Program (MTP)
_____ County

NOTICE OF PRIVACY PRACTICES

Effective April 14, 2003

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT
YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET
ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

The Medical Therapy Program provides occupational therapy, physical therapy and exams by a physician and a team from different disciplines at a Medical Therapy Unit located in a public school. **The MTP** must keep patient information personal and private. We get information about a child each time the child gets care at a Medical Therapy Unit. We also get medical information on the child from other health care workers. We must give you this Notice of the law that tells how we can use and share children's health information and what your rights are.

HOW WE MAY USE AND SHARE INFORMATION

The MTP uses and shares information about children in order to provide health care services for them at a Medical Therapy Unit. This information includes such things as name, address, personal facts, medical history, and medical care given to the child.

We use this information and share it with others for the following reasons:

- **For treatment:** The child may need health care, and that means we share medical information with other health care workers. We will share information with doctors, hospitals, and others in order to get the care children need.
- **For payment:** **The MTP** may charge for the child's care. These health care bills are only submitted to a public health insurance plan(s) for payment.
- **For health care operations:** **The MTP** may use information in children's health records to check the quality of their health care. We may also use this information for planning and managing the program.

SOME OTHER WAYS WE MAY SHARE INFORMATION

The law also allows **the MTP** to use or give out information we have about patients for the following reasons:

- For legal reasons, such as in response to a court order
- For research studies that meet all privacy laws, such as research about disease prevention
- For reasons required by law, such as reporting abuse or neglect, or workers' compensation
- To collect information that can no longer be traced back to the child

We may give out health information to organizations that help us run our program. If we do, we will make sure that they protect the privacy of information we share with them.

Some state laws limit the sharing of information listed above. For example, there are special laws that protect information about HIV/AIDS status, mental health care, developmental disabilities, and drug and alcohol abuse care. We will obey these laws.

WHEN WRITTEN PERMISSION IS NEEDED

Before the **MTP** will use the child's personal information for any reason not listed above, it will get written permission from the child's parent or guardian or minors living on their own. If you do give us written permission to use or share your information for other reasons, you may take back your permission in writing at any time.

WHAT ARE YOUR PRIVACY RIGHTS UNDER THE LAW?

- You have the right to ask us not to use or share the child's personal health care information in the ways listed above. We may not be able to agree with your request.

- You have the right to ask us to contact you only in writing or at a different address, post office box, or telephone number. We will accept reasonable requests when necessary to protect your safety.
- The parent or guardian of the child or minors living on their own have the right to see and get a copy of information that **the MTP** has about the child. **The MTP** has eligibility information and health care information that we use to provide and organize services for the child. You may be charged a fee for the costs of copying and mailing records. We may keep you from seeing all or parts of the child's records when the law allows. If we do, we will give you information on how to appeal our decision.
- If you believe that some information in our records about the child is wrong, you have the right to ask us to change the records. We may deny your request if the information is not made or kept by **the MTP**, or is already correct and complete. If your request is denied, you may send in a letter disagreeing with our decision that will be kept with the child's records.

IMPORTANT

****** The MTP DOES NOT HAVE COMPLETE COPIES OF CHILDREN'S MEDICAL RECORDS. IF YOU WANT TO LOOK AT, GET A COPY OF, OR CHANGE THE CHILD'S MEDICAL RECORDS, PLEASE CONTACT THE CHILD'S DOCTOR, CLINIC, OR MANAGED CARE PLAN. ******

- You have the right to ask for a list of the times when we have shared your or your child's health information after April 14, 2003. The list will tell you what information was shared, with whom we shared information, when, and for what reasons. The list will not include when we gave information to the child's parent or guardian or minors living on their own, or when we gave information to others with your permission, or shared it for care, to bill a public insurance program for payment, or for health care operations.
- You have a right to get a paper copy of this Notice of Privacy Practices when you request it. You can also find this Notice on our Website at:
<http://www.dhs.ca.gov/ccs>

HOW DO YOU CONTACT US TO USE YOUR RIGHTS OR TO COMPLAIN?

If you want to use any of the privacy rights explained in this Notice, or, if you believe that we have not protected your or your child's privacy and wish to complain, please call or write us at:

PRIVACY OFFICER
County of _____

Health Department
Address, CA
Phone Number

You may also contact the Secretary of the Department of Health and Human Services, U.S. Office for Civil Rights at 50 United Nations Plaza, Room 322, San Francisco, CA 94102, telephone (800) 368-1019. Or you may call the U.S. Office for Civil Rights at 866-OCR-PRIV (866)-627-7748 or 866-788-4989 TTY/TDD.

If you have any questions about this Notice, and want more information, please contact the Privacy Officer, _____, at the address and phone number above.

The MTP cannot take away your child's health care services or do anything to hurt you in any way if you file a complaint or use any of the privacy rights in this Notice.

CHANGES TO NOTICE OF PRIVACY PRACTICES

The MTP must obey this Notice starting on April 14, 2003. We have the right to change our privacy practices. If we do make any changes, we will rewrite this Notice and give it to you right away.

To get a copy of this notice in other languages, Braille, large print, audiocassette or computer disk, please call or write the Privacy Officer at the number or address on page 4.

Եթե դուք ցանկանում եք տեղեկություն ստանալ ձեր MTP-ի Գաղտնիության Իրավունքների մասին, ապա խնդրում ենք զանգահարել (000) 000-0000 հեռախոսահամարով: (Armenian)

如果你需要得到 MTP 項目中有關你個人隱私權利的資訊，請致電 (000) 000-0000。 (Cantonese)

Yog koj xav paub txog koj txoj cai hais txog yus tus kheej *privacy rights* nyob rau hauv MTP Program, thov hu rau (000) 000-0000. (Hmong)

اگر در مورد حقوق محرمانه بودن خود تحت برنامه MTP Program سوالی داشته باشید، لطفاً با شماره تلفن (000) 000-0000 تماس بگیرید. (Farsi)

ប្រសិនបើលោកអ្នកចង់ទទួលព័ត៌មានអំពីសិទ្ធិនៃកត្តាពររបស់អ្នកចំពោះកម្មវិធី MTP, សូមមេត្តាហៅទៅលេខ (000) 000-0000. (Khmer/Cambodian)

MTP 프로그램에 적용되는 개인 정보 보호권에 관한 정보를 원하시면 (000) 000-0000로 전화 주십시오. (Korean)

ຖ້າທ່ານ ທ່ານຕ້ອງການຂໍ້ມູນກ່ຽວກັບ ສິດທິຄວາມເປັນສ່ວນຕົວຂອງທ່ານພາຍໃຕ້ໂຄງການ MTP, ກະລຸນາໂທ (000) 000-0000. (Lao)

要是您希望获取 MTP 项目中有关您个人隐私权利的资料，请致电 (000) 000-0000。 (Mandarin)

Если Вы хотите получить информацию о Ваших правах на неприкосновенность частной жизни в рамках Программы медицинской помощи лицам, страдающим наследственными заболеваниями (MTP Program), звоните по телефону (000) 000-0000. (Russian)

Nếu quý vị muốn có thông tin về quyền riêng tư của mình theo Chương Trình MTP, xin gọi số (000) 000-0000. (Vietnamese)

(Acknowledgement is to be filled out by CCS/MTP clients enrolled in the MTP after April 14, 2003 and a copy kept in the client's file/record)

Acknowledgement

My signature below shows that I have been given a copy of the CCS/ MTP Notice of Privacy Practices.

Name of CCS/MTP Client

Signature of CCS Client or Legal Representative

Date

If signed by legal representative, the relationship to the CCS/MTP client:
